

Important Update

Pharmacy and Physician Providers

Preferred Drug List changes for the State of Georgia MEDICAID and PeachCare for Kids programs

EFFECTIVE July 1, 2006

Phase II and III PDL Changes

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next twelve (12) therapeutic categories impacted by this revision of the preferred drug list. *All current quantity level limitations apply. All non-preferred agents in these categories will require prior authorization.*

Non-Dihydropyridine Calcium Channel Blockers		
	Preferred	Non-Preferred
	Cardizem LA	Calan
	Cartia XT	Calan SR
	Diltia XT	Cardizem
	Diltiazem	Cardizem CD
	Diltiazem ER	Cardizem SR
	Diltiazem XR	Covera-HS
	Taztia XT	Dilacor XR
	Verapamil HCL	Isoptin SR
	Verelan PM	Tiazac
		Verelan
Long Acting Narcotics		
	Preferred	Non-Preferred
	Avinza	Oramorph SR
	Duragesic (brand only)	Oxycontin
	Kadian	Fentanyl Patch
	Morphine Sulfate SA Tab	Oxycodone ER
	MS Contin	
Narcotic Lozenge		
	Preferred	Non-Preferred
	N/A	Actiq



Bone Ossification Suppression Agents		
	Preferred	Non-Preferred
	Fosamax	Didronel
	Fosamax Plus D	Fortical
	Fosamax Solution	Actonel
	Miacalcin Nasal Spray	Actonel w/Calcium
		Boniva
Insulins		
	Preferred	Non-Preferred
	Iletin	Apidra
	Lantus	Humalog
	Levemir	Humulin
	Novolin	
	Novolog	
	Velosulin	<i>Select Lilly products are preferred when there is no Novo Nordisk equivalent product available</i>
Antihyperkinesis Agents		
	Preferred	Non-Preferred
	Adderall XR	Adderall
	amphetamine salt combinations	Desoxyn
	Concerta	Methamphetamine
	Focalin XR	Strattera*
	Dexedrine Capsule SA	Provigil
	Dexedrine Tablet	
	Dextroamphetamine Sulfate Capsule SA	
	Dextroamphetamine Sulfate Tablet	
	Dextrostat	
	Focalin	
	Metadate CD	
	Metadate ER	
	Methylin (brand only)	
	Methylin Tablets Chew	
	Methylin Solution	
	Methylin ER (brand only)	
	Methylphenidate ER	
	Methylphenidate HCL	
	Ritalin	
	Ritalin LA	



	Ritalin SR	<i>*Current Strattera users will be grandfathered. Additionally, all preferred and non-preferred agents will continue to be subjected to DCH's current clinical prior authorization criteria for recipients 21 years of age and older.</i>
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COX II Inhibitors		
	Preferred	Non-Preferred
	Generic NSAIDS	Celebrex
NSAIDs		
	Preferred	Non-Preferred
	All generics	All Single Source and Brand
		Arthrotec
		Ponstel
		Mobic*
		*after use of three (2) generics
Inhaled Steroids		
	Preferred	Non-Preferred
	Advair Diskus	Pulmicort Turbuhaler*
	Aerobid	
	Aerobid-M	
	Asmanex	
	Azmacort	
	Flovent	
	Pulmicort Respules	
	QVAR	<i>*current Pulmicort Turbuhaler users will be grandfathered</i>
Angiotensin Receptor Blockers		
	Preferred	Non-Preferred
	Avapro	Atacand
	Benicar	
	Cozaar	
	Diovan	
	Micardis	
	Teveten	
Angiotensin Receptor Blockers and Diuretics		
	Preferred	Non-Preferred
	Avalide	Atacand HCT



	Benicar HCT	
	Diovan HCT	
	Hyzaar	
	Micardis HCT	
	Teveten HCT	

Selective Serotonin Reuptake Inhibitors (SSRI's)		
	Preferred	Non-Preferred
	Citalopram	Prozac
	Fluoxetine	Celexa
	Fluvoxamine	Paxil
	Lexapro	Rapiflux
	Paroxetine	Sarafem
	Paxil CR	
	Pexeva	
	Zoloft	

Georgia Medicaid asks for your support in converting affected patients to an alternative preferred product where appropriate. If the preferred agent is not appropriate for a specific patient, the prescriber may contact Express Scripts at 1-877-650-9340 proactively and request a prior authorization.

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.